Indiana Epidemiology Newsletter

Indiana State Department of Health

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School Absenteeism Reporting

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In the summer of 2004, the state of Indiana enacted new laws designed to aid in the early detection of disease outbreaks in order to decrease the time needed to respond to an outbreak and minimize the number of individuals who become ill. One of these laws required Indiana public school corporations and accredited non-public schools to report absences exceeding 20 percent of the school's student population on any given day to their respective local health department (LHD). Each school, in conjunction with the school nurse and superintendent, was to establish a process for reporting these significant absenteeism rates to the LHD. Suspected or known reasons for the absences should also be included in the report. The days immediately before or after a school vacation or administrative day (e.g., snow day) are exempt from reporting unless the determination is made by the superintendent.

In the fall of 2004, this law was tested several times. Within days of the start of the school year, six Indiana schools contacted their respective LHDs with reports of illnesses. The first outbreak reported about 16 percent of students ill. Although the absenteeism rate was less than the 20 percent required by the new law, the school contacted the LHD due to the rapid acceleration of the outbreak. This scenario continued for several weeks across the state. Most of the reported outbreaks were attributed to viral gastroenteritis, with some confirmed *Norovirus* infections.

In the past, these events would have been under- or unreported simply due to the lack of a specific reporting requirement. Once the Law was implemented, LHDs and the Indiana State Department of Health (ISDH) gained a vast amount of knowledge regarding these types of events, which greatly enhanced the implementation of effective control measures to prevent additional illnesses.

Having assisted LHDs in crafting educational messages regarding control of disease outbreaks in schools, preparedness measures were in place for the start of school in 2005. However, the 2005 school year did not begin like 2004. The incidence of illness in schools dropped dramatically, and it appeared the types of illnesses reported in the fall of 2004 were not circulating in communities in 2005. Rather, a more "typical" pattern of gastrointestinal illnesses occurred, which overlapped with the winter influenza season.

This seasonal pattern appears to be continuing in 2006. Unlike the previous years, however, the reporting of elevated school absenteeism rates to LHD's has declined. Although school systems have experienced outbreaks of illness that have exceeded the 20 percent thresholds, in some cases, LHD's have learned about the events from the local news media rather than from the school systems. When LHDs are not contacted immediately, precious time is lost that could be used in collecting illness data to implement appropriate control measures and prevent additional people from becoming ill.

A few simple actions will help school systems to execute this essential step:

- The Department of Education (DOE) is reminding schools of the absenteeism reporting law.
- LHDs are reaching out to schools within their jurisdictions.
- The ISDH is working with LHDs to assist them when their capacity is exceeded during an outbreak, such as supplying schools with investigation reporting forms and providing information regarding outbreak control.

All of these actions are critical, and collaboration is paramount. Emotions tend to run high when children become ill, and it can be especially stressful when groups of children are affected. Prompt notification of elevated school absenteeism rates, which can indicate an outbreak, can help prevent further illnesses, which is public health's ultimate goal.

Guidelines for Reporting Domestic Suspected Human Cases of Avian Influenza A (H5) or Other Potential Pandemic Strain and the Collection and Shipping of Specimens for Testing

In collaboration with local health departments and the CDC, the Indiana State Department of Health (ISDH) is collecting information on suspected human influenza A (H5) cases in the State of Indiana. This effort is intended to enhance current influenza surveillance for early identification of patients with influenza A (H5) infection. The CDC has approved the ISDH Laboratory for influenza virus testing on patients meeting the influenza A (H5) surveillance criteria below.

Influenza A (H5) Surveillance Criteria

A. Patient is hospitalized and has:

1. radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternative diagnosis has not been established, and
2. a history of travel within 10 days of symptoms onset to a country with documented H5N1 avian influenza infections in poultry or humans.

Ongoing listings of countries affected by avian influenza are available from the World Organization for Animal Health Web site at http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm.

OR

B. Patient is hospitalized or ambulatory and has:

1. documented temperature of >100.4°F (>38°C), and
2. cough, sore throat, or shortness of breath, and either
3. within 10 days prior to onset of symptoms, history of contact with:
   a. poultry or domestic birds (e.g., visited a poultry farm, a household raising poultry, or a bird market) in an affected country
      OR
   b. a patient with known or suspected influenza A (H5) infection.

Patients meeting the influenza A (H5) surveillance criteria may be tested at the ISDH Laboratory for influenza A or influenza A (H5) if laboratory capacity is available. Specimens will be accepted with prior approval from a member of the ISDH Epidemiology Resource Center Surveillance Team (ERC ST), provided there is an epidemiologic need.

HIPAA

The ISDH, in cooperation with the CDC, is conducting these activities in its capacity as a public health authority, as defined by the Health Insurance Portability and Accountability Act (HIPAA). Health care providers and health departments may, therefore, disclose protected health information to health departments and the CDC without individual authorization. The information being requested represents the minimum necessary to carry out the public health purposes of this project pursuant to 45 CFR §164.514(d) of the Privacy Rule and protected health.

Reporting Suspect Cases of Human Influenza A (H5)

A. Initial Report

Prior to submitting a case report form or suspect specimen, health care workers should notify ISDH ERC officials immediately. Health care workers requesting testing of a specimen should contact the ERC at 1.866.233.1237. This number is available 24 hours a day, 7 days a week.

The ISDH duty officer will notify a member of the ERC ST, who will complete the emerging influenza screening form to determine if the specimen should be submitted to the ISDH Laboratory for testing. If the case screening

form indicates that the specimen should be sent to the ISDH Laboratory for testing, a member of the ERC ST will assign an exclusive ID number to the specimen and contact the appropriate district field staff. This ID number MUST be on the submission form before the ISDH Lab will test the specimen. The ERC ST member will then contact the ISDH Laboratory to alert them of the suspect specimen to be tested. The ERC ST member should assign the state ID number and provide that ID number to the Lab. The ERC ST member should also provide the Lab with the specimen's shipping date and time. The Laboratory should notify the ERC ST member when the specimen arrives at the ISDH Laboratory. The county health department will be notified when a suspect specimen is sent to the ISDH Lab. *Specimens will not be tested for H5 unless the state ID number is on the submission form.*

B. Written Materials Case Report Form

1. Following the initial telephone report, fax the initial case report screening form and the lab submission form with the exclusive ID number to the ISDH ERC at 317.234.2812.
   a. Please include the case ID number, contact information, and a cover sheet with the header "ATTN: Influenza A (H5N1) case reporting".
   b. Rapid return of information is of high priority; complete as much of the case report form as possible.
2. The ISDH will then transmit the reports to CDC within 3 to 5 business days of first contact, per CDC's policy. State health departments may request help from the CDC in completing the case report by contacting the CDC Flu Hotline at 770.488.7100.

C. Laboratory Procedures, Specimen Collection and Shipment

The following human respiratory specimens are acceptable for suspected avian influenza testing: nasopharyngeal swabs and aspirates, oropharyngeal aspirates or washes, throat swabs, tracheal aspirates or broncheoalveolar lavage. Nasopharyngeal swabs and aspirates are the samples of choice. Tissue specimens are not recommended at this time.

Swab specimens should be collected using swabs with a Dacron® tip and an aluminum or plastic shaft and should be submitted in viral transport medium. M5 is the transport medium of choice. Swabs with calcium alginate or cotton tips and wooden shafts are unacceptable.

Samples should be transported by Priority Overnight Shipping or courier to the ISDH Lab, refrigerated and collected within the past 24 hours.

Ship/Deliver to:

Indiana State Department of Health Laboratories
Attn: Virology Lab

7230 Western Select Drive
Indianapolis, Indiana 46219

Please call 866.233.1237 (Epidemiology) and 317.233.8000 (Laboratory) before submitting a sample.

Protocols for standard interstate shipment of etiologic agents should be followed. These standards are available at http://www.cdc.gov/od/ohs/biosfty/shipregs.htm. All shipments must comply with current DOT/IATA shipping regulations.

Reports will be returned to the submitter indicated on the submission form. This can be a physician, clinic or hospital, or reference laboratory.

Influenza A (H5) Domestic Case Screening Form Instructions

Section 1. Reported By

Date reported to state or local health department: *Date case was first reported to the state or local health department*.

State/local Assigned Case ID: *Case number used by local jurisdiction to identify case*.

Last Name, First Name, State, Affiliation, Email, Phone 1, Phone 2, Fax: *Contact information for the state or local official responsible for following the case*.

Section 2. Patient Information

HIPAA Note: Please note that CDC is conducting these activities in its capacity as a public health authority, as defined by the Health Insurance Portability and Accountability Act (HIPAA). Health care providers and health departments may, therefore, disclose protected health information to CDC without individual authorization. The information being requested represents the minimum necessary to carry out the public health purposes of this project pursuant to 45 CFR §164.514(d) of the Privacy Rule, and protected health information will not be disseminated. Nevertheless, individual local and state health department privacy policies may vary and should be followed accordingly.

Age at onset: *If patient is less than one month old, round up age to one month*.

Race: *Please choose only one race. Multiracial patients should indicate race most closely identified with*.

Ethnicity: *Please answer this question in addition to the Race question above*.

Section 3. Optional Patient Information

Last Name, First Name: *Please see HIPAA note above. The patient's initials should be listed if state or local policies preclude release of the patient's name*.

Section 4. Signs and Symptoms (*Self-explanatory*)

Section 5. Travel/Exposures

Section 5A: The list of affected countries may change. CDC will notify state and local health officials if the list of affected countries changes. In addition, a current listing of affected Asian countries is posted on the World Organization for Animal Health Web site: http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm.

Transit through an airport (i.e., patient did not leave the airport) within an affected country does not count as exposure in that country. If patient did not travel to any countries affected by avian influenza outbreaks within 10 days prior to illness onset, skip to Section 6 on Exposure for Non Travelers.

Section 5E: Did the patient visit or stay in the same household with a suspected human influenza A (H5) case? *Clinical and epidemiologic criteria for a suspect case in an affected country: Any person with radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness (regardless of poultry exposure)*

OR

Any person with all of the following:

1. *documented temperature of >100.4°F (>38°C), and*
2. *cough, sore throat, or shortness of breath; and*
3. *history of contact with:*
   a. *poultry or domestic birds (e.g., visited a poultry farm, a household raising poultry, or a bird market), or*
   b. *Anyone hospitalized or died of a flu-like illness.*

Section 6. Exposure for Non Travelers [*See clinical and epidemiologic criteria for influenza A (H5) above*]

Section 7. State and local level influenza test results

Check type of specimen, date of specimen collection, type of testing, and results for tests conducted at the state and/or local level.

Section 8. List Specimens sent to the CDC

Check type(s) of specimen being sent (i.e., clinical material, extracted RNA, or viral isolate).

List specimen source [i.e., serum (acute), serum (convalescent), nasopharyngeal (NP) swab or aspirate, broncheoalveolar lavage specimen (BAL), oropharyngeal (OP) swab, tracheal aspirate, or tissue (specify source)], and dates collected and sent.

Note: Please list acute and convalescent sera as separate specimens.

Section 9. Case Notes

Please include any pertinent information not covered elsewhere in the form in this section.

The Human Influenza A (H5) Domestic Case Screening Form can be found on the CDC Web site: http://www.ncid.cdc.gov/flu/H5Forms/H5CSF_Revised27Feb04.pdf .

1918 Influenza Pandemic: A Glimpse of Indiana

Shawn Richards, BS
Respiratory Epidemiologist

The Indiana State Department of Health (ISDH) has been planning, developing, and updating the influenza pandemic plan for the past several years. It can be difficult to keep everything in perspective until one reviews Indiana's history involving the pandemic of 1918.

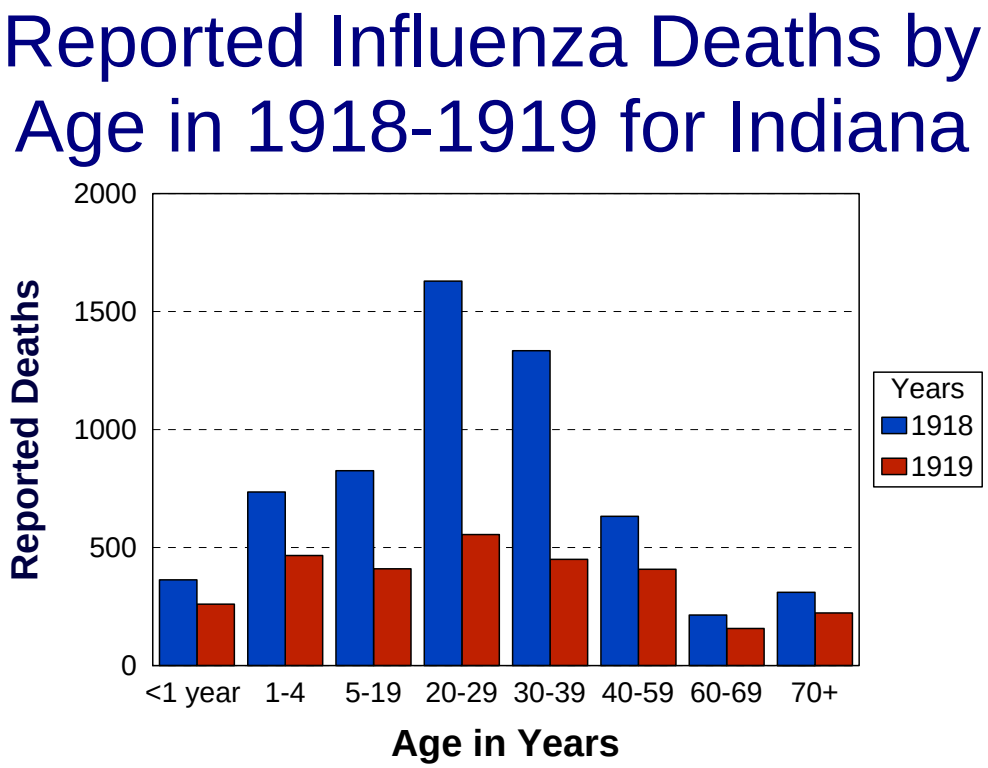
According to the Yearbook of the State of Indiana for the year 1919, influenza in the epidemic form was first recognized in Indiana about September 20, 1918. Once the pandemic appeared in Indiana, Indiana physicians were asked to volunteer for influenza control service. More than 200 physicians responded. Before the epidemic became serious in Indiana, 17 of these physicians were sent to Massachusetts and other New England states in response to a call from the U.S. Public Health Service. Five Indiana physicians were sent to help Pennsylvania, and nine Indiana physicians were sent to assist Kentucky. In 1918, health officers usually filled the dual role as health officer and practicing physician (also a common practice today). Many physicians who volunteered found it impossible to respond because of the urgent need for their Professional services in their home communities. In all, 20 physicians were secured for full-time service in Indiana. They were assigned to emergency service in approximately 50 stricken communities. All Indiana State Board of Health (ISBH) staff members rendered every possible service in connection with the epidemic served in various communities.

The U.S. Public Health Service became responsible for the payment of salaries and travel expenses of physicians doing emergency control work, and the Red Cross became responsible for the payment of salaries and travel expenses of nurses engaged in emergency hospital and community nursing work. Twenty-one emergency hospitals were established in the stricken communities. Physicians and nurses were supplied to the hospitals by the Red Cross. These emergency hospitals proved their value not only in saving lives, but also in educating the public about preventive efforts to combat the epidemic. The total expenditure for federal funds for the influenza control work in Indiana throughout the period of the epidemic was $8,269.09.

The ISBH experienced difficulty in securing timely, accurate reports because the physicians were busy treating patients, which placed time constraints on gathering and reporting their data. Every effort was made to secure daily reports from as many health officers as possible. The ISBH received the first official reports on October 8, 1918, and received the last reports on February 1, 1919, when health officers were notified to cease making daily reports. The total number of official cases reported to the ISBH was 154,600. According to the health officers, this number did not represent even 50 percent of the cases. Therefore, according to the report, the estimate of total cases was at least 350,000 cases. The Vital Statistics Department of the State of Indiana recorded a total of 10,994 deaths from pandemic influenza between September 1, 1918, and March 1, 1919. Figure 1 illustrates the number of deaths by age throughout the pandemic period

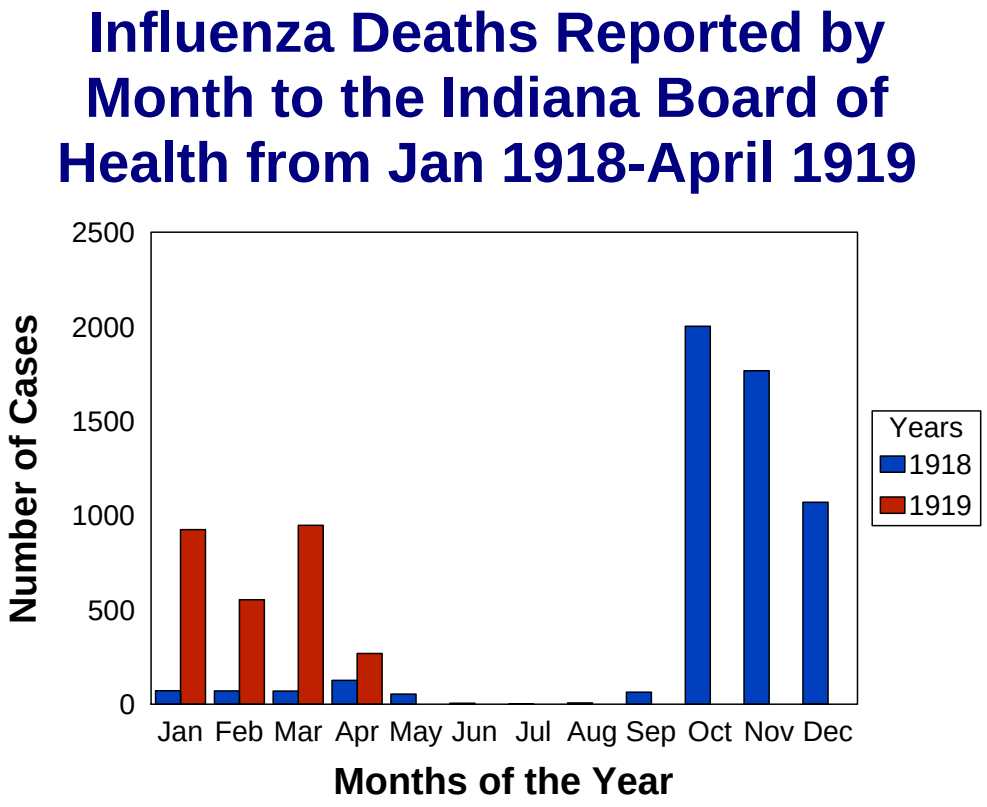
in Indiana. The U.S. Census Bureau reports that in 1920, there were 2,930,390 persons residing in Indiana, less than half of the current population.

Figure 1.



There were two distinct waves of illness during the pandemic. The first wave occurred across Indiana from north to south from September 20, 1918, until October 25, 1918. The death rate was much higher in the first wave. There were 3,773 deaths attributed to influenza from September 1918 through November 1918. Approximately 60 percent of all cases reported occurred in those aged 20-40 years. The second wave began about November 15, 1918, and continued until January 1, 1919. The majority of the deaths of the second wave occurred in those aged under 20 years. Figure 2 illustrates Indiana deaths by month from pandemic influenza.

Figure 2.



Approximately 50 percent of the total deaths occurred in those aged 20-40 years. Thirty percent occurred in those aged under 20 years. Male deaths exceeded the female deaths by 10 percent. Amazingly, less than 10 percent of the total deaths occurred in those aged 50 years and older.

Control of the epidemic was difficult due to the lack of definite knowledge as to the cause, transmission, and prevention of the disease. On October 9, 1918, the ISBH issued an order complying with the advice of the U.S. Public Service by closing schools, churches, theatres, and public gatherings. The order remained in effect until midnight, November 2, 1918. It was rescinded because this prevention method showed little, if any, effect in controlling the spread of disease.

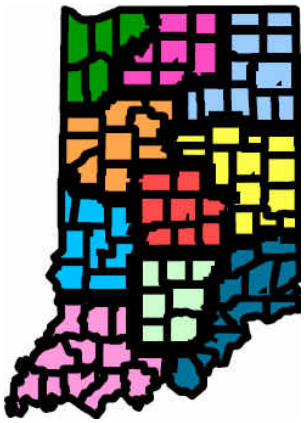
Editor's Note: The following paragraph is reprinted in total from the 1919 Yearbook of the State of Indiana.

"The epidemic of influenza brought to light some fundamental needs if a similar calamity is to be met promptly and adequately:

1. A fulltime health officer service that will include every section of the State and that will render to the public not only in time of calamity, but at all times to the highest possible degree of intelligent leadership and guidance shown to be so absolutely essential in any public emergency.

2. A generous and universal recognition and support of public health and community nursing even to the extent of State aid and State supervision.
3. An emergency fund appropriation by legislature and available to the State Board of Health, upon order of the Governor, for the purpose of meeting promptly and effectively the exigencies of similar epidemics or calamities.
4. Decentralization of Red Cross initiative in time of State emergency from the National Organization to the State Organization, at least to the point where the State Organization may act promptly and upon its own initiative in emergency."

News From the Field…..



1918 Influenza Pandemic in Michigan City

Donna Allen
District 1 Field Epidemiologist

The following article is a synopsis of stories found in several issues of the *Michigan City Evening News* in October, 1918.

The United States Has Had Five Epidemics

Grippe, or influenza as it is now called, usually begins with a chill followed by aching feverishness and sometimes nausea and dizziness, and a general feeling of weakness and depression.

NO OCCASION FOR PANIC

There is no occasion for panic. Influenza, or grippe, has a very low percentage of fatalities-not over one death out of every four hundred cases according to the N. C. Board of Health.

HOW TO AVOID THE DISEASE

Evidence seems to prove that this is a germ disease, spread principally by human contact, chiefly through coughing, sneezing, or spitting. So avoid persons having colds, which mean avoiding crowds, common drinking cups, roller towels, etc. Keep up your bodily strength by plenty of exercises in the open air, and good food.
NOTE: Use Vick's VapoRub at the very first sign of a cold.

(The following advertisement was written on Monday, October 21, 1918. It is directed to the attention of all distributors of Vick's VapoRub, both wholesale and retail.)

Retailers Can Get Immediate Shipments Direct by Parcel Post

In an emergency such as the present epidemic-our duty –and your duty-is to distribute VAPORUB in the quickest possible manner to those sections stricken by influenza. We therefore call your careful attention to the following DANGER OF SHORTAGE IF SUPPLY IS NOT CONSERVED.

Then this epidemic of Spanish influenza hit us and in the last 10 days this stock has vanished. At first we thought this tremendous demand would last only a few days but the orders have run:

Wednesday, October 16: 18,504 dozen
Thursday, October 17: 25,323 dozen
Monday, October 21: 77,705 dozen

THE PROBLEM NOW IS TO DISTRIBUTE VAPORUB QUICKLY

Most of this tremendous quantity is still en route to the jobbers, but freight and express are both congested nowadays and it may be some time before this supply reaches the jobbers…. Our force has already been "shot to pieces". We just mention this so you won't hold it against us if your wires …aren't answered promptly. Deals and quantity shipments are canceled. Fill no quantity orders of any kind whether taken by our salesmen or by your own. Sell in small lots only.

We will send, on request to any retail druggist, 100 or more little booklets just issued on Spanish influenza, giving the latest information about this disease: its history, the symptoms, the treatment, and particularly the use of Vick's VapoRub as an external application to supplement the physician's treatment.

In addition to the usual way of using VapoRub, that is, applied over the throat and chest and covered with hot flannel cloths, our customers are writing us daily telling of their success in using VapoRub in other ways, particularly as a preventive. They melt a little in a spoon an inhale the vapors arising or melt in a benzoin steam kettle. … According to a Bulletin just issued by the Public Health Service, Dr. Stiles of the Service recommends that the nose be kept greased as preventive against the influenza germs. For this purpose VapoRub is excellent.

Plague Affects Merit Rule

EXECUTIVE ORDER RELAXES SYSTEM TO MEET EMERGENCY

Washington, Oct 31- President Wilson signed an executive order, which has suspended the civil service rule prohibiting more than two members of a family holding position in the government service . . . due to the influenza.

State Board Continues Ban

UP TO COUNTY OFFICERS
ORDERS NORTHERN COUNTIES TO REMAIN CLOSED INDEFINITELY

LaPorte, Nov 1 (4 pm): In accordance with action of the State Board of Health, Dr. Burleson, county health physician, this afternoon formally ordered an extension of the ban on public gatherings in LaPorte County to continue indefinitely from Saturday midnight.

Indianapolis, Nov. 1 (3:23pm): The State Board of Health now says that the ban will be lifted all over Indiana Saturday midnight but that recommendations will be made to county health officers in St. Joseph, Elkhart, LaPorte and other counties that the ban be kept on, in some respects, at least where the epidemic has not yet concluded.

The State Board of Health announced today that the influenza ban would be lifted in 56 counties but it would remain in force in LaPorte, St. Joseph, Elkhart, Lake (except Gary) and several other northern counties indefinitely.

New Cases Of Flu Decrease

Washington, Oct 30: Although flu new cases of Spanish influenza in the army camps for the past 24 hours showed a negligible increase, the numbers of new pneumonia cases were marked. The new influenza cases were 2,800 against 2,831 for the previous day.

The additional pneumonia cases reported were 619 against 431 for the previous day, an increase of 183 new cases. Deaths from all causes totaled 108 against 184 for the day previous.

Total influenza cases are 310,429 and pneumonia 50,770. The number of deaths from all causes since the epidemic opened is 17,399.

Influenza Lid Tilts a Little-- Michigan City, However, Continues a Closed Town Until Saturday

Indianapolis, (Oct 30): The ban on public gatherings in Indiana is gradually being lifted. Indianapolis will get out from under the ban tomorrow morning. The Gary public schools opened this morning.

LaPorte County, however, is still considered among the counties wherein the influenza situation is considered serious. The statewide ban will not be lifted until Saturday night at midnight. Schools in other parts of the state, however, may be permitted to re-open under strict medical supervision.

The Michigan City Board of Health favors closing during the rest of this week and if conditions should warrant, a city proclamation will be issued to extend the ban after Saturday night. The board reports 230 cases reported thus far, with six deaths due directly to influenza. The figures of the board show 230 cases reported for the weeks ending:

Oct 2 2
Oct 9 24
Oct 16 71
Oct 23 68
Oct 30 65
Total 230

Vaccine Has Reached City
Board of Health Supplies Physicians: New Cases Here

The Michigan City Board of Health has received consignment of vaccine to be used in the fight against Spanish influenza. The vaccine has been placed at the disposal of local physicians to be used in vaccinating any who desire to be thus protected against the ravages of the disease. The treatment calls for three vaccinations; it is understood, at the intervals of a few days.

A number of new cases were reported to the Board of Health during the past 24 hours. There is a probability that schools in some parts of Indiana will be opened before the end of this week but not so in Michigan City. The schools, churches, theaters, etc. here will be closed throughout the week, in accordance with the state health board's office, and if conditions at the end of the week warrant it, the closing ban surely will be continued into next week. Now that the city is closed, the health board does not propose to take any chances by a premature release of the ban.

Training Room

INDIANA STATE DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM PRESENTS:

Immunizations from A to Z

Immunization Health Educators offer this FREE, one-day educational course that includes:

- Principles of Vaccination
- Childhood and Adolescent Vaccine-Preventable Diseases
- Adult Immunizations
  - Pandemic Influenza
- General Recommendations on Immunization
  - Timing and Spacing
  - Indiana Immunization Requirements
  - Administration Recommendations
  - Contraindications and Precautions to Vaccination
- Safe and Effective Vaccine Administration
- Vaccine Storage and Handling
- Vaccine Misconceptions
- Reliable Resources

This course is designed for all immunization providers and staff. Training manual, materials, and certificate of attendance are provided to all attendees. Please see the Training Calendar for presentations throughout Indiana. Registration is required. To attend, schedule/host a course in your area or for more information, please contact **Lynae Granzow at 317.460.3669 or lgranzow@isdh.IN.gov; Angie Schick at 317.460.3671 or aschick@isdh.IN.gov; or http://www.IN.gov/isdh/programs/immunization.htm.**

ISDH Data Reports Available

The ISDH Epidemiology Resource Center has the following data reports and the Indiana Epidemiology Newsletter available on the ISDH Web Page:

http://www.IN.gov/isdh/dataandstats/data_and_statistics.htm

HIV/STD Quarterly Reports (1998-Dec 05)	Indiana Mortality Report (1999, 2000, 2001, 2002, 2003)
Indiana Cancer Incidence Report (1990, 95, 96, 97, 98)	Indiana Infant Mortality Report (1999, 2002, 2003)
Indiana Cancer Mortality Report (1990-94, 1992-96)	Indiana Natality Report (1998, 99, 2000, 2001, 2002, 2003, 2004)
Combined Cancer Mortality and Incidence in Indiana Report (1999, 2000, 2001, 2002)	Indiana Induced Termination of Pregnancy Report (1998, 99, 2000, 2001, 2002, 2003)
Indiana Health Behavior Risk Factors (1999, 2000, 2001, 2002, 2003, 2004)	Indiana Marriage Report (1995, 97, 98, 99, 2000, 2001, 2002)
Indiana Health Behavior Risk Factors (BRFSS) Newsletter (9/2003, 10/2003, 6/2004, 9/2004, 4/2005, 7/2005, 12/2005, 1/2006)	Indiana Infectious Disease Report (1997, 98, 99, 2000, 2001)
Indiana Hospital Consumer Guide (1996)	Indiana Maternal & Child Health Outcomes & Performance Measures (1990-99, 1991-2000, 1992-2001, 1993-2002)
Public Hospital Discharge Data (1999, 2000, 2001, 2002, 2003)	

HIV Disease Summary

Information as of February 28, 2006 (based on 2000 population of 6,080,485)

HIV - without AIDS to date:

341	New HIV cases from March 2005 thru February 2006	12-month incidence	5.61 cases/100,000
3,618	Total HIV-positive, alive and without AIDS on February 28, 2006	Point prevalence	59.51 cases/100,000

AIDS cases to date:

369	New AIDS cases from March 2005 thru February 2006	12-month incidence	6.07 cases/100,000
3,839	Total AIDS cases, alive on February 28, 2006	Point prevalence	63.14 cases/100,000
7,863	Total AIDS cases, cumulative (alive and dead)		

Reported Cases of Selected Notifiable Diseases

Disease	Cases Reported in January	
	MMWR Weeks 1-4 2005	*MMWR Weeks 1-4* 2006
Campylobacteriosis	8	2
Chlamydia	1,624	1,510
E. coli O157:H7	0	2
Hepatitis A	1	1
Hepatitis B	0	0
Gonorrhea	688	690
Legionellosis	2	0
Lyme Disease	0	0
Meningococcal, invasive	1	0
Pertussis	1	0
Rocky Mountain Spotted Fever	0	0
Salmonellosis	9	3
Shigellosis	0	1
S. pneumoniae (DRSP) Invasive Drug Resistant	18	9
S. pneumoniae (Invasive) (less than 5 years of age)	2	0
Primary and Secondary Syphilis	4	8
Tuberculosis	5	11
Animal Rabies	1 (Bat)	0

For information on reporting of communicable diseases in Indiana, call the *Epidemiology Resource Center* at 317. 233.7125

Indiana State Department of Health
Epidemiology Resource Center
2 North Meridian Street, 5-K
Indianapolis, IN 46204
317/233-7125

Cover photo of Cryo-EM reconstruction of a norovirus capsid.courtesy of Dr. B.V.V. Prasad, Baylor College of Medicine, Houston, TX 77030

The *Indiana Epidemiology Newsletter* is published monthly by the Indiana State Department of Health to provide epidemiologic information to Indiana health care professionals, public health officials, and communities.